NJDOH SPOTTED FEVER GROUP RICKETTSIOSIS INVESTIGATION WORKSHEET CDRSS #: _____

Patient Last Name	First Name	Middle Initial	DOB: ____ / ____ / ____	Ethnicity ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Race
☐White ☐ Black ☐Asian ☐Pacific Islander ☐American Indian or Alaskan Native ☐Unknown

Occupation	Industry / work setting

Was the patient hospitalized because of this illness?	Did the patient die because of this illness?
☐ Yes ☐ No ☐ Unknown Hospital: _____ Admitted: ____ / ____ / ____ Discharged: ____ / ____ / ____	☐ Yes ☐ No ☐ Unknown If yes, specify date of death: ____ / ____ / ____

Signs & Symptoms		Onset Date
*Anemia: Hgb_____	☐ Yes ☐ No ☐ Unknown	____ / ____ / ____
**Elevated liver enzymes: ALT _____ AST _____	☐ Yes ☐ No ☐ Unknown	____ / ____ / ____
Eschar (black, necrotic area at site of tick bite)	☐ Yes ☐ No ☐ Unknown	____ / ____ / ____
Fever reported by patient or HCP: _____ºF ***[If HCP reports NO or UNK, contact patient.]***	☐ Yes ☐ No ☐ Unknown	____ / ____ / ____
Headache	☐ Yes ☐ No ☐ Unknown	____ / ____ / ____
Myalgia/muscle pain	☐ Yes ☐ No ☐ Unknown	____ / ____ / ____
Rash	☐ Yes ☐ No ☐ Unknown	____ / ____ / ____
*Thrombocytopenia: Platelet count _____	☐ Yes ☐ No ☐ Unknown	____ / ____ / ____
Other:		____ / ____ / ____

Risk Factors	
In the 14 days before illness onset or diagnosis, did the patient spend time outdoors in grassy or wooded areas?	☐ Yes ☐ No ☐ Unk.
In the 14 days prior to illness onset or diagnosis, did the patient notice a tick bite?	☐ Yes ☐ No ☐ Unk.
Was an immunosuppressive condition present? If yes, specify: _____	☐ Yes ☐ No ☐ Unk.
Other:	☐ Yes ☐ No ☐ Unk.

Diagnostic Testing		
Was the patient tested for other tick-borne diseases as part of this illness? If yes, specify result(s) and date(s) collected: _____ _____		☐ Yes ☐ No ☐ Unk.
Was an <u>acute serology</u> specimen collected?	☐ Yes ☐ No ☐ Unk. Date: ____/____/____	If yes, please note result: ☐ Pos. (≥ ref range) ☐ Neg.
Was or will a convalescent serology specimen be collected?	☐ Yes ☐ No ☐ Unk. Date: ____/____/____	If yes, please note result: ☐ Pos. (≥ ref range) ☐ Neg.

Treatment – Did the patient receive:		
☐ Doxycycline	Start date: __ /___/___	End date: ___/___/___
☐ Other antibiotic: _____	Start date: __ /___/___	End date: ___/___/___

Were there any complications of spotted fever group rickettsiosis?

☐None ☐Adult Respiratory Distress Syndrome ☐Renal failure ☐Disseminated intravascular coagulopathy
☐Meningitis / encephalitis ☐Other _____

Comments:

*Below or **above the reference range of the lab where sample was analyzed